

# Form CPF M 102: Campaign Finance Report Municipal Form ARLINGTON, MA 02174

Office of Campaign and Political Finance 2019 JUN - 3 PM 3: 54

Fill in Reporting	Period dates:	Doginaina Dat				or Town Clerk or E	lection Commission
- Troporting	Terrod dates.	Beginning Date:	05-16-2019	Ending	Date: 06-0	03-2019	
Type of Report:	(Check one)				· · · · · · · · · · · · · · · · · · ·	- VEU	
8th day preceding		⊗ 8th day preceding ele	ection 30	day after election	year-end	d report	dissolution
	Condidate C. B.V.		Affo	rdable Arlington Co	mmittee		
	Candidate Full Name	2 (if applicable)	DI- III		Committee Na	ame	
	Office Sought a	nd District	Phill	ip Lohnes Na	ame of Committee	Treasurer	
E-mail:	Residential A	Address		entral Street, Suite	175 Arlington,	MA 02474 Address	
Phone # (optional):			E-mai	1: Affordal # (optional):	theling,	tu. 60 6	mail.co
			Thone	# (optional):			
		SUMMARY BA	LANCE INF	ORMATION:			
Line	1: Ending Bal	ance from previous rep				0.00	
Line	2: Total receip	ots this period (page 3,	line 11)			\$703.00	
		ne 1 plus line 2)				\$703.00	
		ditures this period (pag				\$342.47	
		ance (line 3 minus line				\$360.53	
		d contributions this per				\$14.95	
		utstanding liabilities (p				0	
Line	3: Name of bar	nk(s) used: Citizens Bank	k				
inance activity of all person Signed under the penalties	d this report includin outions, loans, receip is acting under the au of perjury:	ig attached schedules and it is, to ts, expenditures, disbursements, thority or on behalf of this com	mittee in accordance	wledge and belief, a true as and liabilities for this with the requirements o	reporting period ai of M.G.L. c. 55.	tement of all camp nd represents the c	campaign
		: Affidavit of Candidate: (ch	eck 1 box only)				
incurred any liabilities n	mined this report incle cting under the author for made any expend	uding attached schedules and it ority or on behalf of this commit itures on my behalf during this i	is, to the best of my ttee in accordance w reporting period that	knowledge and belief, a ith the requirements of N are not otherwise discla	i true and complete vl.G.L. c. 55. I hav osed in this report.	e statement of all c	ampaign finance y contributions,
I certify that I have exan finance activity, including	mmittee nined this report includes one contributions loar	uding attached schedules and it ns, receipts, expenditures, disbu- ng under the authority or on beh	is, to the best of my	knowledge and belief, a	true and complete	e statement of all c period and repres G.L. c. 55.	ampaign cents the
igned under the penalties				(Candidate's		Date:	

#### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page no

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
05-30-2019	Joseph Monju 8 Brattle St. Arrlington, MA 02476	\$100.00		
05-30-2019	Phillip P Lohnes 22 Bartlett Ave. Arlington, MA 02476	\$500.00	Self-Employed	
05-31-2019	Lucia Caetano 4 Stoney Brook Rd. Arlington, MA 02476	\$100.00		
			2019 NOW	
			# A OFF	
			<u> </u>	
ne 9: Total Receip	ots over \$50 (or listed above)	\$700.00		
ne 10: Total Receip	ots \$50 and under* (not listed above)	\$3.00		
ie 11: TOTAL RI	ECEIPTS IN THE PERIOD	\$700.00	Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
			( Indicated of 3200 Of Infore)	
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ne 9: Total Receipts	over \$50 (or listed above)			
	\$50 and under* (not listed above)			
	ceipts of \$50 and under, include them in line 9	<b>←</b>	Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
05-30-2019	VictoryStore.com	5200 SW 30th Street Davenport, Iowa 52802	Yard Signs	\$321.57
06-03-2019	Facebook	1 Hacker Way Menlo Park, California 94025	Digital Advertising	\$15.94
06-03-2019 Facebook	Facebook	1 Hacker Way Menlo Park, California 94025	Digital Advertising	\$4.96
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			e e e e e e e e e e e e e e e e e e e	CLER
			m	'S OFF
				And Call
		Line 12: Total Expenditures over Line 13: Total Expenditures \$50	L	\$342.47
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU		\$342.47

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

#### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing) Address		Purpose of Expenditure	Amoun
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			B	20
				92
	Lir	ne 12: Expenditures over \$	50 (or listed above)	
	Lir	ne 13: Expenditures \$50 and	d under* (not listed above)	
	Enter on page 1, line 4 → Lir			

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Pate Received	From Whom Received*	Residential Address	Description of Contribution	Value
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				1
			Alleria, Carrier	2 m
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			U U	EW
	/			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	\$14.9
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTDIDITIONS	\$14.9

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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# SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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				in .
	Enter on page 1, line 7 → Lin			